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STATE OF DELAWARE
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

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WEBSITE: WWW.DPR.DELAWARE.GOV

**BOARD OF MASSAGE AND BODYWORK
APPLICATION FOR MASSAGE THERAPIST LICENSURE**

Please check whether you are applying for licensure by Direct Application or by Reciprocity. To apply by Reciprocity, you must be currently licensed by another jurisdiction where you have practiced continually for two (2) years. If you do not meet these requirements, check Direct Application.

_____ Direct Application

_____ Reciprocity

All applicants answer Questions 1 – 7

1. Name _____
Last First M.I.

2. Mailing Address _____
Street

_____ City State Zip

3. Day Telephone _____ Home Telephone _____ 4. E-mail _____

5. Social Security Number _____

* Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that the disclosure of your social security number on this application is required by 29 Del. C. §8807(m). It may be used to enforce child support obligation pursuant to 13 Del. C. §2216 and for other lawful purposes.

6. Have you taken and passed the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) examination? Yes___ No___

You must arrange for NCBTMB to send an official score report directly to the Board.

7. Have you ever held a license or certificate to practice massage and bodywork issued by a state (including Delaware) or other jurisdiction? Yes___ No___

If "yes", continue with Questions 8 – 9. **If "no", skip Questions 8 – 9.**

8. List all states or jurisdictions that have granted you a license or certificate. _____

**You must arrange for each State Board or other jurisdiction
to send a letter of good standing directly to the Board office.**

9. Have you ever had your license or certificate to practice massage therapy suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

Only Direct applicants answer Question 10

10. Enter the following information for the school(s) or approved program(s) in massage and bodywork that you attended.

The school or program of training must include a curriculum of no less than:

- **100 hours of anatomy and physiology;**
- **300 hours of technique and theory of massage or bodywork therapy;**
- **100 hours of elective courses in the field of massage therapy.**

NAME OF SCHOOL	ADDRESS	DATES ATTENDED	HOURS COMPLETED

You must arrange for an official transcript to be sent directly from your massage school(s) or approved program(s) to the Board office.

Only Reciprocity applicants answer Questions 11 – 12

11. List the State(s) or other jurisdiction(s) in which you hold a current license or certificate to practice massage and/or bodywork. _____
12. Complete the following work or employment information for the past two (2) years.

BUSINESS NAME WHERE PRACTICED	ADDRESS	DATES OF EMPLOYMENT

(If you need more space, attach a separate sheet to this application.)

All applicants must answer Questions 13 – 19

13. Have you passed a state-certified examination in cardiopulmonary resuscitation (CPR) training; and possess current CPR certification? Yes___ No___

Unless you have lower limb amputee status, submit a copy of your current CPR card (front and back) to the Board office.

14. Have you ever employed or knowingly cooperated in fraud or material deception in order to acquire a license as a massage or bodywork therapist or certification as a massage technician? Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

15. Have you ever impersonated another person holding a license or certification, or allowed another person to use the massage or bodywork license or massage technician certification, or aided or abetted a person not licensed as a massage or bodywork therapist or certified as a massage technician to represent that person as a massage or bodywork therapist or massage technician? Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
16. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes___ No___ **If yes, submit a certified copy of your criminal history record.**
17. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
18. Do you have any impairment related to drugs or alcohol that would limit your practice of massage and bodywork? Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
19. Are any unresolved complaints pending against you in any jurisdiction? Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment. Refer to the fee schedule at www.dpr.delaware.gov/boards/massagebodyworks/fees.htm.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

State of _____)
)SS
County or City of _____)

The undersigned applicant for Massage Therapist Licensure, being sworn, deposes and says that the information contained in this application is true and correct, and that s/he understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of licensure and will be reported to the Attorney General for further action.

Date: _____ Signature of Applicant: _____

Sworn and subscribed to before me this _____ of _____, 20_____.

Notary Public

My commission expires: _____.